

Patient-Centered Medical Home Advisory Council
Meeting Minutes

April 4, 2012

Office of the Commissioner of Securities and Insurance (CSI) Conference Room, Helena, and by phone

Members present

Dr. Deborah Agnew, Billings Clinic
Paula Block, Montana Primary Care Association
Dr. Doug Carr, Billings Clinic
Dr. Paul Cook, Rocky Mountain Health Network
Dr. Janice Gomersall, Montana Academy of Family Physicians
Dr. Jonathan Griffin, St. Peter's Medical Group
Dr. Jay Larson, Independent Provider
Todd Lovshin, Allegiance Life and Health Company
Bob Olson, MHA
Bill Pfingsten, Bozeman Deaconess Health Group
Dr. Tom Roberts, Western Montana Clinic
Bernadette Roy, CHC-Partnership Health Center
Dr. Rob Stenger, Grant Creek Family Practice, St. Patrick's Hospital
Claudia Stephens, Montana Migrant and Seasonal Farm Worker Council
Cindy Stergar, CHC-Butte Silver Bow Primary Care Clinic
Lisa Wilson, Parents, Let's Unite for Kids-PLUK
Rick Yearry, Regional Extension Center

Members absent

John Hoffland, DPHHS Medicaid, Passport to Health
Kristin Juliar, Montana Office of Rural Health
Carol Kelley, Bozeman Deaconess Internal Medicine Associates
Kirsten Mailloux, EBMS
Dr. Fred Olson, BCBS MT
JP Pujol, New West Health Services
Dr. Jerry Speer, Benefis Health System

Interested parties present

Janice Mackensen, Mountain Pacific Quality Health
Janet Whitmoyer, Mountain Pacific Quality Health
Jean Branscum, MMA
Russ Hill, State of MT Health Care and Benefits Administrator
Connie Welsh, MT University System Director of Benefits

CSI staff present

Christine Kaufmann
Christina Goe
Amanda Roccabruna Eby – Minutes Recorder

Council Chair, Dr. Carr called the meeting to order at 1:07pm

1. PCMH Advisory Council welcome, roll call, agenda review, and approval of minutes. Rick Yearry moved and Dr. Janice Gomersoll seconded at motion to adopt the minutes from the last meeting. The motion passed unanimously.
2. Legislation – consider latest draft
There were no comments on the preamble, the council agreed to move it forward.
 - New Section 1
 - Council members discussed distinguishing commission-approved medical homes (current Advisory Council standard is NCQA recognition) from practices that are recognized by other organizations by designating them "Montana PCMH." Practices that are not approved by the commission would not receive the benefits and protection of the law. The criteria in the

bill should determine who can and can't call themselves a PCMH; a practice cannot call itself a "Montana PCMH" if they are not certified by the commission as meeting the criteria. Council members agreed that Patient-Centered Medical Home should be capitalized throughout the bill.

- New Section 2

- The bill allows, but does not require payers to participate and protects them from anti-trust law. Anti-trust is not a concern of self-funded plans such as the university plan or the state employee plan because they are self-funded.
- Some members expressed concerns about a medical home effort by an insurer that doesn't require the same PCMH standard that is adopted by the Advisory Council. Several members commented that the standard set by the commission would actually strengthen efforts of practices toward PCMH because it gives them one standard to practice by for all payers.

- New Section 3

- A member suggested changing health care provider to "primary health care provider." It would be difficult to explain to the legislature why there could be a health care provider on the commission that couldn't be a medical home provider.
- Another member suggested stating the appointment as a "health care provider who represents primary care." Other agreed the language should be changed to be consistent with the other appointments that are described as representatives of consumer groups and representatives of payer groups. Members argued that it should remain as broad as possible to keep more possibilities open for doctors that aren't necessarily primary care providers but have a broad understanding of primary care in the state.
- There needs to be consistency among the terms "provider" and "practitioner" throughout the bill to prevent confusion.

- New Section 4

- There was a discussion about the need for a fiscal note or appropriation for the bill. CSI is not funded by the general fund so if the issue is fees for staff resources, they would not impact the general fund. CSI needs to have further internal discussions about fees and budgets for implementing the program anticipated by the legislation. The council agreed to leave the language in stating that no general fund money would be used for the program based on previous discussions that the program would be self-sustaining.
- The commissioner would review and finally approve the operational plan created by the commission.

- New Section 5

- We need "PCMH" in front of the "provider" in (j)
- (g) Add the words "and implement" in after "develop."
- (k) A statement needs to be added about the commission evaluating the program.

- New Section 6
 - Several members thought another statement reiterating that the commission would set the standards for qualification of practices should be added even if it is redundant with section 1.
 - There was discussion that the standards should not be entered into administrative rule but be more flexible.
 - The date for developing standards should be 2013, not 2012
 - The bill should have an effective date on passage and approval.

3. Process of moving and building support for legislation

Council members agreed that this discussion had occurred throughout the draft language discussion. They again brought up the idea of compelling payers to participate. Some expressed their strong belief that we should compel public payers, such as Medicaid, the University system and the State Employee Plan to participate and that we could justify differential treatment of public vs. private payers because of the use of tax dollars. Others felt strongly that any mandate on participation would be the political death of the legislation.

The council appeared to **recommend that the commissioner's office sponsor the legislation. A vote was not taken on that point of discussion.**

4. Review of work plan – direction to NASHP IMPaCT state team. The agenda item was postponed until the next meeting.
5. Report from Education subcommittee/additional agenda items

The first webinar on March 27th was very successful. The next webinar will be on April 17th and feature Dr. Wagner from the MacColl Institute. The subcommittee made preliminary plans and set dates for the future webinars, discussed improvements for new resource web pages created by CSI staff, and made plans for content and speakers for two upcoming conferences in April.

6. Quality Metrics presentation by Mountain Pacific Quality Health

The council discussed two presentations by Mountain Pacific Quality on a crosswalk and other tools they are building to reduce the confusion about PCMH quality metrics, NCQA, Meaningful Use, and PQRS measures. The council asked the subcommittee to distinguish outcome-driven measures from process measures. The advisory council tasked the subcommittee with establishing the limited set of measures PCMHs to report on and payers to enhance reimburse. The subcommittee is working on creating a subset of the large list that was created in 2011. **Dr. Carr charged the subcommittee with creating an initial list for October 2012, which will aid the commission in creating another list for October 2013.** The measures need to show better outcomes, cost savings, and overall wellness.

Adjournment 4:30pm